MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875.

SERIAL NO. 09/784159   FILING 4/18/05

4/18/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND	DEP	IND	DEP.	IND.	DEP.								
1			1					51						
2								52						
3				1				53						
4				1				54						
5				3				55						
6				1				56						
7				2				57						
8			1	3				58						
9				3				59						
10				3				60						
11				3				61						
12				3				62						
13				3				63						
14				3				64						
15				3				65						
16				3				66						
17			1					67						
18				1				68						
19				1				69						
20				1				70						
21				3				71						
22				1				72						
23				2				73						
24			1					74						
25				3				75						
26				3				76						
27				3				77						
28				3				78						
29			1					79						
30				1				80						
31				1				81						
32				3				82						
33				3				83						
34				1				84						
35			1	2				85						
36			1					86						
37				3				87						
38				3				88						
39				3				89						
40				3				90						
41				3				91						
42				3				92						
43				3				93						
44				3				94						
45			1					95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			7					TOTAL IND.						
TOTAL DEP.			87					TOTAL DEP.						
TOTAL CLAIMS			94					TOTAL CLAIMS						